

 <p><b>SEEC</b> SEATTLE ETHICS &amp; ELECTIONS COMMISSION</p>	File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 polly.grow@seattle.gov	<b>SEEC FORM</b>  <div style="font-size: 2em; font-weight: bold;">F-1</div> (7/18)	<b>SEEC DOLLAR CODE</b>  <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:5%;"></th> <th style="width:15%;"></th> <th style="width:15%; text-align: center;">AMOUNT</th> </tr> <tr><td>(1)</td><td>\$0</td><td>— \$999</td></tr> <tr><td>(2)</td><td>\$1,000</td><td>— \$4,999</td></tr> <tr><td>(3)</td><td>\$5,000</td><td>— \$9,999</td></tr> <tr><td>(4)</td><td>\$10,000</td><td>— \$24,999</td></tr> <tr><td>(5)</td><td>\$25,000</td><td>— \$99,999</td></tr> <tr><td>(6)</td><td>\$100,000</td><td>— \$199,999</td></tr> <tr><td>(7)</td><td>\$200,000</td><td>— \$999,999</td></tr> <tr><td>(8)</td><td>\$1,000,000</td><td>— \$4,999,999</td></tr> <tr><td>(9)</td><td>\$5,000,000 or more</td><td></td></tr> </table>			AMOUNT	(1)	\$0	— \$999	(2)	\$1,000	— \$4,999	(3)	\$5,000	— \$9,999	(4)	\$10,000	— \$24,999	(5)	\$25,000	— \$99,999	(6)	\$100,000	— \$199,999	(7)	\$200,000	— \$999,999	(8)	\$1,000,000	— \$4,999,999	(9)	\$5,000,000 or more		<b>PERSONAL FINANCIAL AFFAIRS STATEMENT</b>
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**Deadlines:** Incumbent elected and appointed officials — by April 15.  
 Candidates and others — within two weeks of becoming a candidate or being newly appointed to a position.

**SEND REPORT TO Seattle City Clerk**

"Immediate family" means: (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual's most recently filed federal income tax return. SMC 4.16.080

<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: x-small;">Last Name</td> <td style="width:30%; font-size: x-small;">First</td> <td style="width:40%; font-size: x-small;">Middle Initial</td> </tr> <tr> <td>LISBIN</td> <td>JONATHAN</td> <td>LOYD</td> </tr> </table> <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: x-small;">Mailing Address (Use PO Box or Work Address)</td> </tr> <tr> <td colspan="3">6725 32<sup>nd</sup> AVE NW</td> </tr> <tr> <td style="font-size: x-small;">City</td> <td style="font-size: x-small;">County</td> <td style="font-size: x-small;">Zip + 4</td> </tr> <tr> <td>SEATTLE, WA</td> <td></td> <td>98117</td> </tr> </table> <div style="font-size: x-small;">       Filing Status (Check only one box.)  <input type="checkbox"/> An elected or appointed official filing annual report  <input type="checkbox"/> Final report as an elected official. Term expired: _____  <input checked="" type="checkbox"/> Candidate running in an election: month <u>NOV</u> year <u>19</u>  <input type="checkbox"/> Newly appointed to an elective office     </div>	Last Name	First	Middle Initial	LISBIN	JONATHAN	LOYD	Mailing Address (Use PO Box or Work Address)			6725 32 <sup>nd</sup> AVE NW			City	County	Zip + 4	SEATTLE, WA		98117	<p>Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or domestic partner.</p> <p style="font-size: 1.2em;">Ichiko LISBIN</p> <p>Office Held or Sought</p> <p>Office title: <u>Seattle City Council</u></p> <p>Position number: <u>06</u></p> <p>Term begins: <u>11/19</u> ends: <u>11/23</u></p>
Last Name	First	Middle Initial																	
LISBIN	JONATHAN	LOYD																	
Mailing Address (Use PO Box or Work Address)																			
6725 32 <sup>nd</sup> AVE NW																			
City	County	Zip + 4																	
SEATTLE, WA		98117																	

**1 INCOME** List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or an immediate family member, received compensation, in any form, of \$2,400 or more during the period. Include stock options received during the reporting period that had a value of more than \$2,400.  
 (Report interest and dividends in Item 3.)

Show Self (S) Spouse (SP DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
Self	POINT IT, INC	SALARY	(5)
Self	POINT IT, INC	SALE OF BUSINESS	(7)
SPOUSE	UNIVERSITY OF WASHINGTON MEDICAL CENTER		(5)
			( )

Check Here ☐ If continued on attached sheet

**2 REAL ESTATE** List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or an immediate family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use 1-9 Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received										
541 LAKE SIDE DRIVE SEASIDE-WOODLEY, WA 98284	(7) ( )	TOBIAS SEIM Rebecca Seim 1728 VAN WYCK RD SEATTLE, WA 98226	(7) ( )										
Property Purchased or Interest Acquired 6725 32 <sup>nd</sup> AVE NW SEATTLE, WA 98117	(7) ( )	Creditor's Name/Address PAID IN FULL	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; font-size: x-small;">Payment Terms (eg. 20 yrs at 4.3%)</th> <th style="width:50%; font-size: x-small;">Security Given</th> <th style="width:50%; font-size: x-small;">Mortgage Amount - (Use Code)</th> </tr> <tr> <td></td> <td></td> <td> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; font-size: x-small;">Original</th> <th style="width:50%; font-size: x-small;">Current</th> </tr> <tr> <td style="text-align: center;">(7) ( )</td> <td style="text-align: center;">(1) ( )</td> </tr> </table> </td> </tr> </table>	Payment Terms (eg. 20 yrs at 4.3%)	Security Given	Mortgage Amount - (Use Code)			<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; font-size: x-small;">Original</th> <th style="width:50%; font-size: x-small;">Current</th> </tr> <tr> <td style="text-align: center;">(7) ( )</td> <td style="text-align: center;">(1) ( )</td> </tr> </table>	Original	Current	(7) ( )	(1) ( )
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Original	Current												
(7) ( )	(1) ( )												
All Other Property Entirely or Partially Owned	( ) ( )		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">( ) ( )</td> <td style="width:50%; text-align: center;">( ) ( )</td> </tr> </table>	( ) ( )	( ) ( )								
( ) ( )	( ) ( )												

Check here ☐ If continued on attached sheet

CONTINUE ON NEXT PAGE

### 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

A. Name and address of each bank or financial institution in which you or an immediate family member had an account over \$24,000 at any time during the report period.	Type of Account or Description of Asset	Asset Value (Use 1-9 Code)	Income Amount (Use 1-9 Code)
B. Name and address of each insurance company where you or an immediate family member had a policy with a cash or loan value over \$24,000 during the period.	BANK OF AMERICA CAPITAL ONE EDWARD JONES VANGUARD ADP	(8) ( )	( ) ( )
C. Name and address of each company, association, government agency, etc. in which you or an immediate family member, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you or your immediate family member had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. Stock shall be reported by market value at the time of reporting.	AMAZON, INC APPLE, INC. POINT IT INC (OWNER) SENTE, WA 98121 3/31 WESTERN ALK #403 ADP/ EDWARD JONES 401K, CASH BONDS, STOCK	(4) (3) (7) (8)	(2) (2) (7) (1)

Check here ☐ if continued on attached sheet.

### 4 CREDITORS

List each creditor you or an immediate family member owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

Creditor's Name and Address	Terms of Payment (eg. 6 years at 5.25%)	Security Given	AMOUNT (USE 1-9 CODE)	
N/A			original ( )	current ( )
			( )	( )

Check here ☐ if continued on attached sheet.

### 5 NET WORTH

Enter your estimated net worth.

Enter Dollar Amount

\$ 3,500,000

**6** All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate or an appointee to a vacant elective office filing your Initial report, no F-1 Supplement is required.

Incumbent elected officials filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you and/or an immediate family member (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? **Yes** If yes, complete Supplement, Part A.
- B. Did you and/or an immediate family member have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? **Yes** If yes, complete Supplement, Part A.
- C. Did you and/or an immediate family member own a business at any time during the reporting period? **Yes** If yes, complete Supplement, Part A.
- D. Did you and/or an immediate family member prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? **NO** If yes, complete Supplement, Part B.
- E. **Only for Incumbent Filing Annual Report.** Regarding the receipt of funds not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, and/or an immediate family member accept a gift of food or beverages costing over \$50 per occasion? \_\_\_\_ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? \_\_\_\_ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- ☐ I hold a local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns.

Contact Telephone: **(206) 794-5969**

Email: \_\_\_\_\_ (work)\*

Email: **me@JONLISBIN.COM** (Home) Optional

**CERTIFICATION:** I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Date

Signature

\*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information. Report Not Acceptable Without Filer's Signature

**SEEC**SEATTLE ETHICS &  
ELECTIONS COMMISSIONFile with: Seattle City Clerk  
PO BOX 94728  
Seattle, WA 98124-4728  
Questions: (206) 684-8500  
(206) 615-1248  
Polly.Grow@Seattle.gov

SEEC FORM

**F-1**SUPPLEMENT  
(7/18)**SUPPLEMENT PAGE**  
**PERSONAL FINANCIAL AFFAIRS STATEMENT****PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS**

Last Name

First

Middle Initial

DATE

LISBIN

JON

L

11/16/19

**A****OFFICE HELD,  
BUSINESS  
INTERESTS:**

Provide the following information if, during the reporting period, you or any immediate family member

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self ☒ Spouse ☐Registered Domestic Partner ☐ Dependent ☐

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

POINT IT, INC.

CHAIRMAN 98%

TRADE OR OPERATING NAME:

ADDRESS:

3131 WESTERN AVE #403

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

SEATTLE, WA 98121  
ONLINE ADVERTISING AGENCY

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$ 0

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

0

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

N/A Business Sold AUG 2018 - NO REMAINING  
INTEREST IN FIRM

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet**CONTINUE PARTS B AND C ON NEXT PAGE**

**Washington State Public Disclosure Commission**  
**Personal Financial Affairs Statement**  
**Reporting Modification Application and Certification**

## **Application Instructions**

Request for exemption from reporting **business and governmental customers**  
pursuant to RCW 42.17A.120 and WAC 390-28-100

State law allows filers of the F-1 Personal Financial Affairs Statement to seek a modification or suspension of reporting some information. RCW 42.17A.120 states in part:

*The commission may suspend or modify any of the reporting requirements of this chapter if it finds that literal application of this chapter works a **manifestly unreasonable hardship** in a particular case and the suspension or modification **will not frustrate the purposes of this chapter**. The commission may suspend or modify reporting requirements only after a hearing is held and the suspension or modification receives approval from a majority of the commission. The commission shall act to suspend or modify any reporting requirements:*

- (a) Only if it determines that facts exist that are clear and convincing proof of the findings required under this section; and*
- (b) Only to the extent necessary to substantially relieve the hardship. (Emphasis added)*

**Modifications, if granted by the Commission, cover only one reporting period.** Another application must be made in the following years if you still need a modification.

### **To request a modification:**

- (1) Complete your Personal Financial Affairs Statement (PDC Form F- 1) including Supplemental attachments (except for the information for which you are seeking a modification – leave the relevant sections or lines blank on the F-1 form);
- (2) Answer all applicable questions on this application. All applicants **must** complete questions #1 and #4;
- (3) Include an email address for the PDC to use for correspondence regarding your request;
- (4) Sign the certification, and
- (5) Return this application, the signed certification (if waiving personal appearance at the public hearing) and your completed F-1 to the PDC.

**Applications are due March 10<sup>th</sup> for annual filers, or prior to the two-week deadline for candidates and new appointees.**

Questions? Contact PDC staff at (360) 753-1111; 1-877-601-2828 (toll-free in Washington State) or by e-mail at [pdcc@pdcc.wa.gov](mailto:pdcc@pdcc.wa.gov).

Application QuestionnaireApplicant InformationFiler Name (as it appears on the F-1): JON LISBINOffice Held or Sought: Seattle City Council D6Period Covered by Request (calendar year or previous 12 months): 1/1/18 - 2/1/19

Filing Status (check one):

- ☐ An elected or state appointed official filing annual F-1  
☒ Candidate filing F-1  
☐ Newly appointed filing F-1

Is this a renewal of a previously granted request?

☐ Yes ☐ No

I DID GET A POSITIVE RULING 4 YEARS AGO

Instructions

Please answer each question below. You may attach court documents or other relevant items for consideration. Please note that this application and any documents submitted for consideration are public documents subject to the Public Records Act RCW 42.56.

1. **EMAIL ADDRESS.** Pursuant to RCW 42.17A.055, email is the official means of communication for the PDC. Please supply an email address to use for correspondence with you about your request.

Email address: ELECT@JONLISBIN.COM

2. **INCOME AND OWNERSHIP INTERESTS.** Are you requesting to be exempted from disclosing the business or governmental\* customers of an entity listed on the F-1 Supplement Part A? If the disclosure of business or governmental customers on the F-1 Supplement could violate a confidentiality agreement, create a competitive disadvantage or cause an unreasonable hardship due to customer volume, limited staff resources, or an inability to sort customer list, please explain the hardship in detail. (\*Please note that the Commission rarely grants an exemption for governmental customers. If you are including this in your request, please provide additional detail regarding the hardship.)

I SOLD 100% OF THE STOCK AUGUST 2018. I HAVE SIGNED A NON-DISCLOSURE AGREEMENT WITH THE BUYER.

- List the name of each entity, business, union, association, non-profit, charitable organization, or other entity for which you are seeking a modification from reporting the entity's reportable customers.

POINT IT, INC.

- Describe the size of the entity such as annual sales, number of customers or accounts, the number of employees, and other pertinent information.

\$3-5 million Annual sales 30-45 employees 40 clients  
~~off association~~ \$1.4M from Jan 1 - July 31, 2018 30 employees 2018

- How many business customers have paid the entity more than \$12,000 during the reporting period and would be subject to disclosure? If you are requesting an exemption from identifying governmental customers as well, please include the same detail.

21

- Do you have access to the entity's customer list? ☒ Yes ☐ No
- Are you involved in the day-to-day operations of the entity? ☐ Yes ☒ No
- Are any of the entity's customers listed in public sources, publications, websites or other public records? ☒ Yes ☐ No
- If yes, identify the website or other public location.  
TOO BROAD TO ANSWER
- Does the entity have the ability to sort its customer list to identify those paying more than \$12,000 during the reporting period? ☒ Yes ☐ No
- Do you have a 10% or more ownership interest in the entity? ☐ Yes ☒ No  
NO INTEREST REMAINING
- Describe other relevant information you believe the Commission should consider as to why it would be a manifestly unreasonable hardship if the information was required to be disclosed.

- Did you disclose the purpose of all payments and the actual dollar amount the entity received from the governmental unit in which you seek or hold office? (Please note that this information is required to be disclosed and will not be granted as part of your request.) ☐ Yes ☒ No

If you answered no, please explain why not.

I have there were no payments or association with the City of Seattle. NOT A CLIENT

- NOT FRUSTRATE THE PURPOSES OF THE ACT. Please describe the jurisdiction or agency for which you hold or seek public office, and the duties performed by you as a public official (examples: adopting rules or ordinances, hiring staff, approving contracts, setting policy, etc.). Please explain why not disclosing the business or governmental customers of the entity present no actual or potential conflict of interest.

See attachment id 1

4. **CONFLICT RECUSAL.** If any matter coming before you at the public entity you serve involves a conflict of interest between your personal interests and your public duties, will you recuse yourself from that matter, regardless of whether you have disclosed that personal interest on an F-1 form?

☒ Yes ☐ No

If you answered no, please explain why not.

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5. **OTHER INFORMATION.** Is there any other information you want the Commission to consider regarding your modification request? (If you are attaching any information or documents, please describe attachments.)

Attachment 1 - Confidentiality Clause  
Share Purchase Agreement

Hearing Process

Your request, including the F-1, F-1 Supplement, this Application Questionnaire and any other documents provided, will be presented at a public hearing.

You are not required to participate at the hearing. If you will not be attending the hearing in person or by telephone, you must complete and sign the attached certification prior to submission.

The Commission can grant your request in full, grant part of your request, deny your request, or ask for additional information to be heard at a future public hearing.

An order will be issued to you by e-mail with the Commission's decision.

F- 1 Request for exemption from reporting business and government customers pursuant to RCW 42.17A.120 and WAC 390-28-100

#### Attachment 1

2.3.19

Jon Lisbin:

#3. The Seattle City Council is the legislative body of the city of Seattle, WA. The Council consists of 9 members serving 4 year terms. It has the sole responsibility of approving the city's budget, and develops laws and policies intended to promote the health and safety of Seattle's residents. The Council passes all legislation related to the city's police, firefighting, parks, libraries and electric and water supply, solid waste and drainage utilities..

Not disclosing my company's business customers presents no potential conflict of interest because I sold 100% interest in the company August of last year. In addition, I as owner did not have direct contact with any of our clients as that was handled by the President of the company and our staff. My role with the company was operational, financial and marketing related. None of the clients were government agencies and most were national in scope.

Confidentiality Clause in Share Purchase Agreement:



4.3. **Confidentiality.** Founder, and the other Selling Shareholders, will hold any information regarding this Agreement, the Buyer, and all confidential and/or proprietary information relating to the Company, its business, or Assets, including any trade secrets, and the transactions contemplated hereby in strict confidence and will not divulge any such information to any third person (other than professional advisers), unless required by applicable law. No Selling Shareholder may disclose any information regarding the amount, form, timing or structure of the consideration received by such Selling Shareholder hereunder without the consent of Buyer, other than to the Selling Shareholders' professional advisors.

Founder and each other Selling Shareholder agree that all information in its possession about the Company, its business and Assets shall constitute confidential information belonging to the Company and shall, from and after the Closing Date, be kept in strict confidence by Founder and Selling Shareholders.

**Certification for an Application  
for a Reporting Modification or Suspension  
When Applicant Is Waiving Personal Appearance  
At the Hearing  
(Notary Not Required)**

I am waiving my personal appearance at the hearing regarding my request for a reporting modification or suspension, and request that the Commission consider the information provided in my written application. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the facts set forth in the attached application for a reporting modification are true and accurate to the best of my actual knowledge or belief.

List the date of the application request: 2/3/19

Entity or name of individual requesting reporting modification: JON LISBIN

Your signature: Jon Lisbin

Your printed name: JON LISBIN

Business street address: 6725 32<sup>nd</sup> AVE NW

City, state and zip code: Seattle, WA 98117

Telephone number: (206) 794-5969

E-Mail Address: ELECTO@JONLISBIN.COM

Date Signed: 2/3/19

Place Signed (City and County): Seattle City KING County

\*RCW 9A.72.040 provides that: "(1) A person is guilty of false swearing if he makes a false statement, which he knows to be false, under an oath required or authorized by law. (2) False swearing is a gross misdemeanor."

PLEASE SEND THIS SIGNED CERTIFICATION VIA E-MAIL TO THE PDC WITH YOUR MODIFICATION REQUEST AND YOUR COMPLETED F-1.

JON LISBEN  
6725 32nd Ave NW  
SEATTLE, WA 98117

FILED  
CITY OF SEATTLE

19 FEB -7 PM 1:36

CITY CLERK

SEATTLE CITY CLERK  
P.O. BOX 94728  
SEATTLE, WA 98124 -4728